Investing in

2002 Progress Report to Manitobans

November 20, 2002 • National Child Day

Cette information existe également en français

Healthy Child Manitoba

Manitoba

Putting children and families first

The best possible outcomes for Manitoba's children.

HEALTHY CHILD MANITOBA

For more detailed statistical information, please see the *Supplement to Investing in Early Childhood Development: 2002 Progress Report to Manitobans.*

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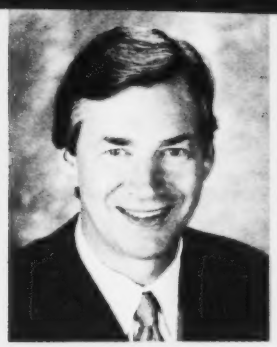


A Message from the PREMIER

I am pleased to introduce *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*, reflecting our government's continuing efforts to ensure the best possible start for all children in Manitoba.

Manitobans agree that children are our most precious resource. Research continues to show that effective care and nurturing in the first five years of life promotes lifelong health and learning as children grow into adulthood.

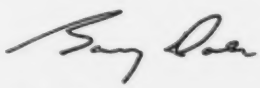
Investing in Manitoba's youngest citizens is one of this government's highest priorities. In March 2000, we created the Healthy Child Committee of Cabinet to develop and lead child-centred public policy across government. Healthy Child Manitoba represents eight government departments working together with communities to put children and families first.

Manitoba's children and youth deserve every opportunity to develop to their fullest potential, as healthy, safe, lifelong learners and socially engaged and responsible citizens. We know that in today's knowledge-based economy, our investments in early childhood development are also investments in Manitoba's future economic success and prosperity.

At the First Ministers' Meeting in September 2000, governments committed to a *Federal/Provincial/Territorial Early Childhood Development Agreement*. This partnership of governments across the country signals our commitment to improving supports for children in the early years and to report to the public on our progress.

This report reflects our commitment to report to Manitobans on their government's investments in Early Childhood Development programs.

Together, we can make our province the best place in Canada to raise children. I invite you to join us in building for the future of Manitoba.



Gary Doer
PREMIER OF MANITOBA
November 20, 2002
National Child Day

A Message from the Healthy Child COMMITTEE of CABINET

The success of any society can be measured by the health and well-being of its children and youth. The future of Manitoba, especially our children, depends on how well we can work together now and in the years to come.

As Manitoba Cabinet ministers, we are combining the knowledge and resources of our departments to create effective programs that put the interests of children and families first in our province.

Healthy Child Manitoba is the provincial government's long-term strategy to work with communities to improve the way we develop public policy, work together as a government and, most importantly, serve children and families.

This report outlines the major provincial Early Childhood Development programs and the progress we have made in meeting our commitment to Manitoba children and families. As our programs grow, we will continue to monitor our progress and build upon our successes.

All Manitobans can help support children in every place they live, learn and grow. We invite you to join us in creating a truly family-friendly Manitoba, one that will give our youngest citizens the best possible start in life.

Tim Sale
Chair, Healthy Child Committee of Cabinet
MINISTER OF ENERGY, SCIENCE AND TECHNOLOGY

Oscar Lathlin
MINISTER OF ABORIGINAL AND NORTHERN AFFAIRS

Eric Robinson
MINISTER OF CULTURE, HERITAGE AND TOURISM

Ron Lemieux
MINISTER OF EDUCATION AND YOUTH

Drew Caldwell
MINISTER OF FAMILY SERVICES AND HOUSING

Dave Chomiak
MINISTER OF HEALTH

Gord Mackintosh
MINISTER OF JUSTICE AND ATTORNEY GENERAL

Diane McGifford
MINISTER RESPONSIBLE FOR THE STATUS OF WOMEN
MINISTER OF ADVANCED EDUCATION AND TRAINING

1. INTRODUCTION: It all starts here

The time between a child's conception and the first day of school is enormously important, more than we once realized.

Over the months of pregnancy through the first five years of life, all the people in a child's life set the stage—sturdy or fragile—for the child's lifelong health, learning and development... through the school years into youth and adulthood.

"We've learned more in the last 30 years about what babies and young children know than we did in the preceding 2,300 years."

ALISON GOPNIK, ANDREW N. MELTZOFF, & PATRICIA K. KUHL. (1999).
The Scientist in the Crib: Minds, Brains, and How Children Learn (p. 22). New York: William Morrow & Company, Inc.

A recent explosion of research on Early Childhood Development has captured the attention and imagination of everyone that cares about children, especially parents, educators, service providers, researchers, businesses and governments across Canada and the world.

By age three years, a young child's brain may be more than twice as active as that of their pediatrician... or any other adult.

The Scientist in the Crib

This newfound knowledge brought governments across Canada together in September 2000 to join the *Federal/Provincial/Territorial Early Childhood Development Agreement*, a commitment to increase government investments in Early Childhood Development. The goal is to enable all children to reach their fullest potential to be:

- physically and emotionally healthy;
- safe and secure;
- successful at learning; and
- socially engaged and responsible

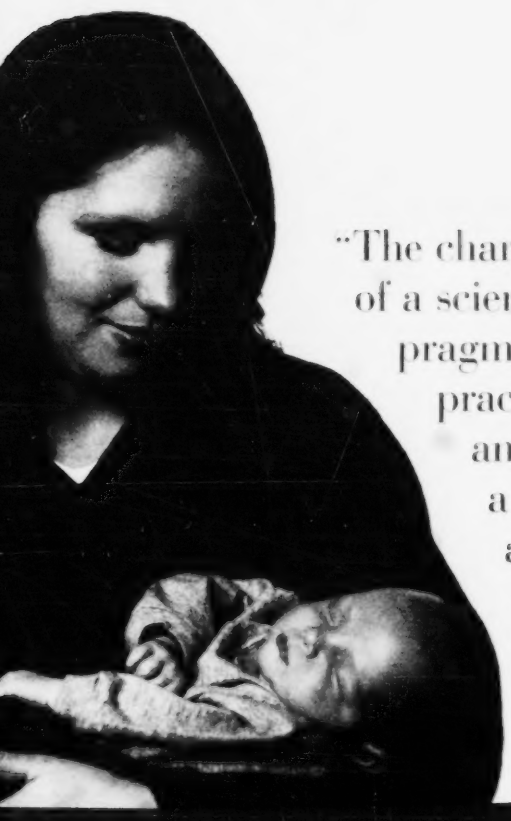
and to help families support their children within strong communities.

There are two reasons we must invest in Early Childhood Development:

1. Our children deserve every possible opportunity today.
2. Our future success as a community, a province, a nation, all depend on it.

As a provincial government, we've come to understand four facts about investing in Early Childhood Development:

1. Parents and families are the first and most important people in children's lives.
2. Sometimes families need support.
3. The best support comes when community organizations, government departments and levels of government work together.
4. Families, communities, researchers, educators, service providers, businesses and all citizens make a difference in children's lives.



"The charge to society is to blend the skepticism of a scientist, the passion of an advocate, the pragmatism of a policy maker, the creativity of a practitioner, and the devotion of a parent — and to use existing knowledge to ensure both a decent quality of life for all of our children and a promising future for the nation."

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE. (2000). *From Neurons to Neighbourhoods: The Science of Early Childhood Development* (p. 415). Washington, DC: National Academy Press.

In this report, you will read about how our were doing four years ago in 1998 and 1999.

This information gives you a very general picture of children's health and early development in Manitoba and Canada, a snapshot.

This is not the whole story. It is a starting point to understand how our children were doing and why the government has prioritized early years investment.

In this report, you will read that since April 2000, the Government of Manitoba its investments in Early Childhood Development by over $40 million.

This new funding includes $14.8 million from the Government of Canada, as part of the commitments made by all of Canada's First Ministers (except Québec) in September 2000.

In 2002/03, this means a total investment of over $100 million for Early Childhood Development in Manitoba.

You will read about the programs, supported by these in four areas of action:

- promoting healthy pregnancy, birth and infancy;
- improving parenting and family supports;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

You will read about what these programs offer,
who they serve and how they have begun
to of Manitoba
children, families and communities.

You will find that, on the whole, our children
are but you will also discover that,
for many of our children, things could be better.

And you will learn some of the ways,
each of us make a difference,
the ways we can be champions for children.

Together, we can do better for
Manitoba's children.

2. FOUR YEARS AGO:

How young children in Manitoba and Canada were doing in 1998 and 1999—baseline indicators of children's well-being

Four years ago, in 1998 and 1999, before our province and our country began a new era of investment in Early Childhood Development, the landmark National Longitudinal Survey of Children and Youth (NLSCY) and other research initiatives collected information on children's development during pregnancy and the first five years of life.

This information tells us:

- how young children in Manitoba were doing at a **provincial level** and
- how young children in Manitoba were doing at a **single point in time**.

This information provides us with a starting point for looking at our children's early development.

In the coming years, we plan to build on this knowledge to learn:

- what communities can do to make a difference;
- which policies and programs improve outcomes for children; and
- how Manitoba's children are faring as they grow up.

Reliable knowledge about how children in our communities are doing over time (and what we can do to help them) is a public good and a public resource that belongs to every Manitoban.

"If we get it right for our kids, we get it right for everyone."

MINISTER TIM SALE,
Chair, Healthy Child Committee of Cabinet,
Government of Manitoba

In 1998 there were

83,000 children

old in Manitoba.

These young children are tomorrow's leaders, learners, workers, parents and citizens.

About the National Longitudinal Survey of Children and Youth (NLSCY)

Ten years ago, provinces and territories had almost no information about the health, learning and development of their children, or how their children were doing over time.

In 1992, the National Longitudinal Survey of Children and Youth (NLSCY) was born. The NLSCY is a groundbreaking initiative of the Government of Canada to develop a national database on the characteristics and life experiences of children and youth as they grow from infancy to adulthood, across the provinces and territories of Canada (HUMAN RESOURCES DEVELOPMENT CANADA AND STATISTICS CANADA, 1996).

In the NLSCY, comprehensive data on children's individual, family, preschool, school and community characteristics and experiences, and children's physical, social, emotional, cognitive, language, academic and behavioural outcomes are collected every two years from parents, teachers, principals and children ages ten years and over. The families of approximately 23,000 Canadian children who were under 12 years old in 1994/95 participate in the NLSCY.

The information collected in the NLSCY is "representative of the Canadian population with certain exclusions, the NLSCY does not include Aboriginal children living on reserves or children living in institutions, and immigrant children are under-represented... Efforts are being made to address these issues, in particular the under-representation of immigrant and Aboriginal children."
(BRINK & MCKELLAR, 2000, P. 113)

The NLSCY will continue until the youngest children reach age 25 years in the year 2018.
(BRINK & MCKELLAR, 2000)

References:

BRINK, S., & MCKELLAR, S. (2000). NLSCY: A unique Canadian survey. *ISUMA: Canadian Journal of Policy Research, 1*(2), 111–113.

HUMAN RESOURCES DEVELOPMENT CANADA AND STATISTICS CANADA. (1996). *Growing up in Canada: National Longitudinal Survey of Children and Youth*. Ottawa, ON: Minister of Industry.

Growing up in MANITOBA

To see how our children are doing and how successful Manitobans are in supporting their development in the early years, Manitoba will report on a series of indicators over the next several years.

This year's report includes some of the most recent data available from four years ago (1998/99), which form a starting point or baseline for future reports.

Birth Outcomes 1998/99

- preterm births;
- healthy birth weight; and
- infant mortality.

About 13,000 babies are born every year in Manitoba.

In 1998/99, most babies were born "on time" (92 per cent) with a healthy birth weight (79 per cent) but some babies were born at risk, and some died before their first birthday.

Three years ago, in 1999, 15.7 per cent of babies in Manitoba had high birth weights, putting them at risk for problems like diabetes, compared to 13.1 per cent of babies across Canada.

A much smaller proportion of babies in both Manitoba and Canada had low birth weight (about 5 per cent).

Immunization (1998/99)

Manitoba does well in preventing diseases by immunizing its youngest children.

Four years ago, in 1998 and 1999, in Manitoba there:

- were only two new cases of Haemophilus Influenza b (Hib);
- had been only one new case of measles since 1994; and
- were no new cases of meningococcal disease.

For example, between 1990 and 2000, Hib decreased by 90 per cent in Manitoba, due to the introduction of a new, highly effective vaccine.

Early Childhood Injuries (1998/99)

- injury hospitalization
- injury mortality

Four years ago, in 1998 and 1999, hundreds of Manitoba's young children had to go to the hospital because of:

- motor vehicle accidents;
- falls and other accidents; and
- being assaulted by others (and sometimes from physically harming themselves).

In some cases, these injuries proved fatal.

Manitoba Health and its partners responded to this information immediately. You can learn more about Manitoba's childhood injury reduction campaign in the Supplement to this report.

Early Development Outcomes (1998/99)

- motor and social development;
- language development;
- emotional and anxiety problems;
- hyperactivity and attention problems;
- physical aggression and conduct problems; and
- prosocial behaviour.

According to the National Longitudinal Survey of Children and Youth (NLSCY) in 1998/99, the majority of Manitoba's 83,000 young children under age six years — from 78 per cent to 90 per cent — were doing well in motor and social development, language development, and other social, emotional and behavioural outcomes during the first five years of life. These rates were similar to children across Canada.

They were learning how to crawl and walk, run and climb and how to interact with other people. They were learning new words. They were quite happy, alert and well-adjusted. They were beginning to learn how to regulate their own behaviour, how to understand the feelings of other people and how to be helpful to those around them.

However, it is important that we do not forget the Manitoba children who were vulnerable in 1998/99, those children who were struggling in each of these areas of early development:

- 11 per cent (5,700 children up to three years of age) with delayed motor and social development;
- 12 per cent (6,800 children ages two–five years) with low levels of prosocial behaviour;
- 14 per cent (8,000 children ages two–five years) with hyperactivity and attention problems;
- 15 per cent (8,400 children ages two–five years) with physical aggression and conduct problems;
- 17 per cent (9,500 children ages two–five years) with emotional and anxiety problems; and
- 21 per cent (6,200 children ages four–five years) with delayed language development.

These represent young children in Manitoba, many of whom have multiple behaviour or learning problems, who could have benefitted from early supports for learning and development. Vulnerable children can be found in every community and every kind of family in Manitoba and Canada. While greater concentrations of vulnerable children live in lower-income or single-parent families, greater numbers live in higher-income and two-parent families.

We can do better...

3. WE CAN DO BETTER:

How Manitobans

can increase success in Early Childhood Development

We must work together to improve the odds for Manitoba's children.

Research has shown us the major risk factors—the things that diminish children's life chances.

These include smoking during pregnancy; drinking alcohol during pregnancy; poor family functioning; depressed parents; hostile, unreliable, or ineffective parenting; lack of financial and educational opportunities for parents; and unsafe communities where people feel disconnected and excluded from community life.

Research has also shown us the major protective factors—the things that improve children's life chances.

These include: warm, reliable and responsive parenting; good nutrition; reading, talking, singing and playing with children; supportive families; financial and educational resources for parents; and safe communities where residents trust and look out for each other and feel a sense of inclusion and belonging.

We must work together to reduce risk factors and promote protective factors...

because it is the balance of risk and protection over time that makes the difference for children.

We must work together to shift this balance for the better.

Risk Factors to Reduce

- poor family functioning;
- parental depression;
- low income;
- tobacco use during pregnancy; and
- alcohol use during pregnancy.

Four years ago, in 1998/99, most of the 83,000 children in Manitoba under age six (75 per cent–88 per cent) were not exposed to these threats to their healthy development.

However, in 1998/99 some children in Manitoba were less fortunate:

- About 12 per cent of families with children under age six had significant problems in relating and communicating with each other and could have benefitted from family supports.
- About 13 per cent of parents of children under age six experienced high levels of distress and symptoms of depression and could have benefitted from social and emotional supports.

  Many of these depressed parents are single mothers from low-income families with few social supports. (It is very, very difficult to be a nurturing parent when you are depressed.)
- About 20 per cent of families with children under age six were living in low-income conditions.
- About 25 per cent of children were exposed to tobacco during the prenatal period (their mothers smoked during pregnancy).
- We know that drinking alcohol during pregnancy is an enormous threat to the health and development of the unborn child.

  We do not yet have reliable information on how often this happens in Manitoba, but some information from the 1996/97 NLSCY suggests that about one in eight women in Manitoba (12 per cent) drink alcohol during pregnancy. Across Canada, it was almost one in six (16 per cent). This can lead to lifelong developmental problems for their children, such as Fetal Alcohol Syndrome (FAS). You may be surprised to hear that older women and women with higher incomes are more likely to drink when pregnant.

Fast Facts on Fetal Alcohol Syndrome (FAS). Did you Know...

- Alcohol use during pregnancy is the leading cause of preventable birth defects and developmental delays in Canadian children.
- Drinking alcohol during pregnancy can cause behavioural and physical disabilities, including malformed bones, muscles, vital organs and permanent brain damage.
- Children born with FAS face challenges in the way they live, learn and play for the rest of their lives.
- One child born with FAS can require $1.4 million in additional services; the human and emotional costs are far higher.
- The only known safe amount of alcohol during pregnancy is NONE AT ALL. No safe type. No safe amount. No safe time.

Protective Factors to Promote

- positive parenting;
- reading with children;
- neighbourhood social cohesion;
- breastfeeding; and
- parental education.

The good news is that four years ago, in 1998/99, the majority of Manitoba's youngest children were growing up in families where parents:

- interacted with them lovingly and fairly **(88.4 per cent)**
- read with them every day **(76.0 per cent)**; and
- felt connected to their neighbourhood **(83.4 per cent)**.

Research shows that parenting is the most important influence on children's development. Effective parenting is found in all families, communities and income levels and can help counteract the negative effects of risk factors such as low income. While, in 1998/99 most parents were doing well, 9,600 Manitoba parents (11.6 per cent) were struggling with their parenting role. This is similar to the Canadian average (12 per cent).

For most babies, breastfeeding is best. Four years ago in 1998/99 nearly 86 per cent of Manitoba mothers provided this for their infant. About two-thirds continued to breastfeed for three months or more.

Reading with children is one of the most powerful protective factors we can provide. While in 1998/99 most Manitoba parents read with their young children every day, over 13,000 children (24 per cent) did not benefit from the connections and literacy that comes from daily reading with a caring adult. Across Canada, about 30 per cent of children were not reading every day.

Children's development is enhanced when families feel connected to their communities.

Effective parenting

In their earliest years and throughout every day of life, in addition to the basics like nutritious food and safe homes, children need:

- lots of love, warmth and caring that is responsive, consistent and dependable;
- structure and supervision that takes children's age and development into account; and
- lots of opportunities to master skills in learning, feeling, thinking, understanding and communicating.

These experiences are essential to help children develop:

- self-worth and self-confidence;
- the capacity to relate to others and understand their feelings; and
- the courage to explore the world and its possibilities.

In 1998/99, most Manitoba families experienced this connection. However, over 13,800 families(16.6 per cent) did not. Across Canada, about 15 per cent of families felt disconnected to their communities. This sense of isolation can have short and long-term consequences for children.

We know that staying in school is important for children, but now we also know that the level of education attained by parents, especially mothers, greatly improves their children's life chances.

Four years ago, 66 per cent of Manitoba parents had continued their education beyond high school. Manitobans must continue to work together to provide opportunities and supports for lifelong learning for all citizens, especially for parents.

Counting the cost to society

If we fail children in the early years, all Manitobans pay a price in:

- more illness and suffering;
- more school failure and dropping out;
- more unemployment; and
- more crime and violence.

This leads to higher health care costs, higher education costs, higher criminal justice costs, lost wages, lost productivity, lost opportunity and the uncountable costs of diminished human self-worth and dignity.

You have read about how Manitoba's children and families were faring four years ago, in 1998 and 1999.

- **So what is our government and its community partners doing for early childhood development?**
- **How is Manitoba promoting positive parenting, family strengths, children's early learning and other protective factors?**
- **How are we reducing smoking and drinking during pregnancy, parental depression and other risk factors?**
- **How are we moving toward our vision of** the best possible outcomes for Manitoba's children?

Manitobans can work together to reduce the risk factors and promote the protective factors for all of our province's children.

Businesses can...

Citizens can...

Community groups can...

Educators can...

Employers can...

Families can...

Governments can...

Health care professionals can...

Parents can...

Researchers can...

Seniors and elders can...

Social service providers can...

Young people can...

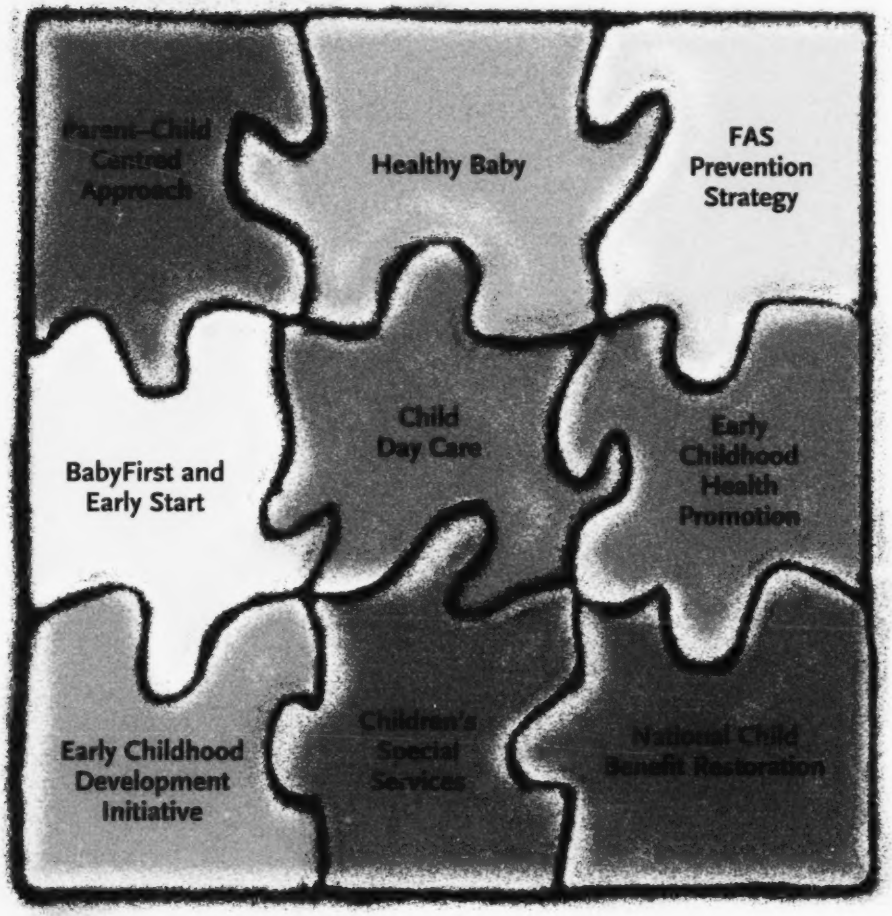
4. TOWARD OUR VISION:

Manitoba's Investments

in Early Childhood Development (2000/01–2002/03)

Our progress in improving and expanding programs for the early years

The Government of Manitoba has recognized the importance of investing in the early years. Since April 2000, the Government of Manitoba has increased investments in Early Childhood Development (ECD) by over $40 million. Manitoba is pleased to acknowledge the Government of Canada's contribution of $14.8 million to date.



The following are brief descriptions of the programs illustrated above, along with personal stories. For more detailed descriptions please see the *Supplement to Investing in Early Childhood Development: 2002 Program Report to Manitobans.*

As part of the *Federal/Provincial/Territorial Early Childhood Development Agreement*, governments across Canada are reporting on their investments in four action areas:

- promoting healthy pregnancy, birth and infancy;
- improving parenting and family supports;
- strengthening early childhood development, learning and care; and
- strengthening community supports.

Of course, these four categories are not mutually exclusive. Most early childhood programs can be included in more than one of these four categories. For the purposes of this report, we have selected only one category for each program.

Overview of Manitoba's Investments in Early Childhood Development (ECD)

ECD Action Area		Total 2002/03 Investment (1000s)	New investments since April 2000 (1000s)
Promoting Healthy Pregnancy, Birth and Infancy:			
Healthy Baby Program		$ 5,214.4	$ 5,214.4
BabyFirst Program		$ 5,423.2	$ 3,051.8
FAS Prevention Strategy		$ 704.4	$ 302.6
Early Childhood Health Promotion—Midwifery Program		$ 3,400.0	$ 3,400.0
	Subtotal:	**$ 14,742.0**	**$ 11,968.8**
Improving Parenting and Family Supports:			
Children's Special Services (2)		$ 12,775.7 (2)	$ 3,106.9
National Child Benefit Supplement Restoration		$ 6,350.0	$ 6,350.0
	Subtotal:	**$ 19,125.7**	**$ 9,456.9**
Strengthening Early Childhood Development, Learning and Care:			
Child Day Care (1)		$ 67,126.3	$ 16,110.6
Early Childhood Development Initiative		$ 500.0	$ 500.0
Early Start Program		$ 1,508.0	$ 413.6
	Subtotal:	**$ 69,134.3**	**$ 17,024.2**
Strengthening Community Supports:			
Parent-Child Centred Approach		$ 2,600.0	$ 2,600.0
Early Childhood Health Promotion—Injury Reduction Campaign (1)		$ 150.0	$ 150.0
	Subtotal:	**$ 2,750.0**	**$ 2,750.0**
Other ECD initiatives (3)		$ 1,372.2	$ 1,036.8
	Total:	**$ 107,079.2**	**$ 42,236.7**

(1) Includes some programming for children over the age of six years.

(2) Includes $400.0 for Applied Behaviour Analysis program from Healthy Child Manitoba.

(3) Includes financial assistance to community organizations for ECD, ECD research and evaluation, and ECD information sharing.

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1. Promoting Pregnancy, Birth and Infancy

Manitoba's total 2002/03 investment: $14.7 million (increased by $12 million since April 2000)

Building babies' brains—at birth, our brains contain as many neurons (nerve cells) as there are stars in the Milky Way galaxy. We are born ready to learn.

The preschool brain is more active, more connected and more flexible than at any other time in life. *Babies are literally geniuses at learning.*

These first months and years of life are a tremendous and sensitive time. They are our first opportunity to make a difference.

Communities can make that difference by supporting families to achieve a healthy pregnancy for every woman and a healthy birth for every child.

Healthy Baby Program

This program includes the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. It is a two-part initiative that supports women and girls during pregnancy and the child's infancy with financial assistance, emotional support and nutrition and health education. Approximately 5,700 families received the Manitoba Prenatal Benefit in its first year. Community Support Programs are available in every region of Manitoba.

Launched: July 2001
New investments since April 2000: $ 5.2 million
Total 2002/03 budget: $5.2 million

"To whom it may concern at Healthy Baby: We are ever so grateful for these Prenatal Benefits. We're writing to let you know we've had our baby. It was such a treasure to go to the store and come home with lots of fresh fruits and vegetables. I enjoyed the yogurt and real meats (beef and chicken), too. We also purchased baking supplies, for I love to bake. Thanks again for allowing us to be a part of Healthy Baby Benefits."

LETTER FROM A MOTHER WHO WAS PART OF THE HEALTHY BABY PROGRAM

BabyFirst Program

This community-based program supports overburdened families with children up to three years old. Regular visits by public health nurses are supplemented by weekly home visits from specially trained home visitors who encourage and support all family members. This may include helping solve problems and referring families to other community services. In 2000/01, 650 families had home visits, in 2001/02, 825 families were supported.

Launched: April 1998
New investments since April 2000: $3.0 million
Total 2002/03 budget: $5.4 million

"I love my work. I love to meet new people and enjoy working with children."

BabyFirst Program:

Helping families help themselves

Parenting is the most important job most of us will ever do, yet it is not something a person learns in school. From baby health to household management, raising children is hard work and some parents are learning to get by with a little help from their friends.

Heather found such a friend through Manitoba's BabyFirst program, a community program set up to build strong families and healthy children by supporting parents with children up to three years of age.

Delivered by Regional Health Authorities, access to the program begins with a visit from a public health nurse. If families choose to participate in the program, the family receives weekly home visits by a specially trained home visitor. Home visitors develop trusting relationships with families and provide information and support related to parenting, child growth and development and community resources.

Heather says a friend had a BabyFirst home visitor and told her what a good experience it had been.

Coming from a small town, Heather did not know about the services available in Winnipeg that could make her parenting job easier. Then she met Rosa, her BabyFirst home visitor.

"Rosa has really made a difference for us," says Heather, a mother of two children under four years of age. "She has taught me a lot about things like shopping on a budget, planning meals and saving money."

Rosa says the home visitors usually meet with their assigned families once every second week, visiting less often as the children grow and the family is

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Helping families help themselves

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no longer in need of extra help. Heather has been in the program for nearly three years.

At her visits, Rosa talks with Heather about how children grow and learn, choosing healthy foods and fun ways to help the children learn.

"Rosa often comes to our home with binders of ideas about games to play with my children and ideas for good meals that don't have to cost a lot of money," says Heather. "She has brought us books, toys and craft supplies that the kids really enjoy."

Heather is free to share any problems she might be having and if Rosa does not have the answer, she goes back to her office, does research and finds either the answer Heather needs, or finds someone who can answer Heather's question.

"I love my work. I love to meet new people and enjoy working with children," says Rosa.

"Heather is very enthusiastic and I really like that about her."

Heather says her youngest son recognizes Rosa and enjoys her visits, just like the rest of the family.

"It is great to have the same person visiting every week, giving me good information and ideas I might not have found otherwise," says Heather. "Rosa is like a friend of the family now. I'm glad I got involved in the program."

Be someone that kids can count on.

Research shows that often all it takes is one person, one caring adult who believes in the child and who the child believes in.

Someone that instills in the child a sense of what is and what could be.

This is a person who changes the course of history, one child at a time.

"What matters most is that a child is cared for throughout the day by warm and responsive caregivers, in an environment rich with opportunities to learn."

J. DOUGLAS WILLMS. (2002). *Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth (p. 350)*

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Fetal Alcohol Syndrome (FAS) Prevention Strategy

A priority in Manitoba is the prevention of Fetal Alcohol Syndrome (FAS); improving the quality of life for people and families affected by FAS.

This strategy includes an ongoing public awareness and education campaign to prevent FAS, in partnership with the Manitoba Liquor Control Commission. The strategy also includes Stop FAS, a three-year mentoring program for women at risk of having a child with FAS.

The critical component of Stop FAS is personal care and support provided over a long period of time to promote gradual, lasting change. In 2000/01, 60 women were in the program. In 2001/02, 86 women were participating.

Launched: April 1998
New investments since April 2000: $302,000
Total 2002/03 budget: $704,000

In addition to FAS prevention funding for Early Childhood Development initiatives, Manitoba makes considerable investments in supports and services for those facing the challenges of FAS across the life course. In 2002/03, Manitoba's total investment in FAS initiatives is $1.6 million.

Stopping Fetal Alcohol Syndrome

Helping pregnant women make positive and healthy changes can be a difficult job, but it's certainly a job worth doing.

Using drugs and alcohol while pregnant is harmful to the baby's brain and if the use continues, the baby's life will not be healthy. Helping mothers-to-be helps them and the next generation at the same time.

Through Manitoba's Stop FAS program, pregnant women who use drugs and alcohol, are offered mentors to help them get their lives going in a positive direction, for their own well-being and the health of their children.

Lise is one of the program mentors and she talks about her work with great interest and passion.

"As mentors, we really see who these women are—beautiful, bright, creative people with lots of issues in their lives," says Lise.

"We're fortunate to be able to see that side of them. The public isn't always very sensitive about how these women got where they are. We don't judge our women, because judging doesn't help."

Lise says many people do not realize that a lot of these women have faced many challenges and that some may have fetal alcohol syndrome themselves because their mothers drank alcohol or used drugs while pregnant.

Drawing on some of her own life experiences, Lise meets with women in the program at least once a week and works to form a trusting friendship. "We try to build a relationship by starting from where these women are at right now and we take it from there," says Lise.

The first step might be making sure the woman has her basic needs met, such as food and shelter. Some women come into the program through referrals from health services like doctors, community health

clinics and community resource centres. Others are referred by social services such as Child and Family Services or the Employment and Income Assistance program and some women just seek help on their own.

Either way, mentors help clients find help from community organizations. They also help them set goals for themselves and the results are reviewed about every four months. Even small successes are celebrated because clients often don't feel good about themselves or don't see their own value as people.

"It's an interesting program because our women don't 'fail' and they don't get kicked out," says Lise. "They choose what they want to do with their lives and we guide them. Every little positive change these women make is exciting."

Some clients have made wonderful changes in their lives. Lise says she has seen some clients graduate from the program completely clean and sober. Some were able to get jobs and many were determined not to have children with fetal alcohol syndrome. Others regained custody of their children who were once placed in foster care.

"I think a lot of women need to learn how to cope with life," says Lise. "The program works because the mentors care about people and by taking the time to understand these women, they are helping them to make positive changes in their lives."

"A lot of the women are very grateful for our help but sometimes I think they give us too much credit. We didn't make the changes in their lives. They did it themselves, by working together with us."

"They choose what they want to do with their lives and we guide them. Every little positive change these women make is exciting."

The following is a poem written by a mother in the Stop FAS program.

On Awakening

This fine morning, I realized
Realized I am finally comfortable
with my life. Today.
The burden of the past is not
on my back, heavy.
I am happy in my adjustments
to this life.
This life on my journey.
Learning hard lessons, no longer
has to hurt.
I can laugh and feel good,
I can cry and feel hurt,
I can sit content, alone and not scared
Realizing I've got strength to
lean on from myself,
Not ingested into my body.
My mind and body are finally
free from chemicals,
From pain.
I can now stand
And I stand tall
Within my own soul.
A feather can no longer push me over.
A feather I can now hold with strength
And speak the truth.
Speak my mind.
With no regrets or hesitation
It is a fine morning...

— BY MS

Early Childhood Health Promotion—Midwifery Program

Manitoba Health supports Regional Health Authorities (RHAs) in providing midwifery services for families. Midwives care for women during pregnancy, labour, birth and the first six weeks after birth. Mothers also receive childbirth education, breastfeeding support and RHA maternal and infant care programs. In 2000/01, four RHAs provided this program, in 2001/02, the number was expanded to six.

Launched: June 2000
New investments since April 2000: $3.4 million
Total 2002/03 budget: $3.4 million

Midwifery Program:

Delivering Welcome Support

Having a baby is one of life's most amazing and unforgettable experiences. Helping women and their babies along this journey is a great honour, and that's the way Manitoba's midwives see their work with their clients.

"Every woman deserves to have another woman guide her through pregnancy and childbirth," says Leslie, one of Manitoba's midwives who, as a group, have been involved in more than 400 births since the implementation of regulated midwifery in June 2000. "Midwives are very dedicated to women's health and see childbirth as a normal, natural thing."

Leslie says women in Winnipeg can request a midwife by contacting the Midwifery Services office, or a community clinic. The midwife meets with the client to talk about what midwives do and how they can help. To make sure women know about all of their options, midwives will explain the up and down sides of having a baby in a hospital and at home, in what is called a "home birth."

A paper called an "Informed Choice Agreement" gives details about how midwives are trained and how they can help mothers-to-be. When all of the information is shared and discussed, the mom-to-be decides whether or not she wants midwifery care.

"We follow the same visit schedule as doctors do," says Leslie. "We meet with the women once a month until they are in their seventh month of

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"We follow the same visit schedule as doctors do," says Leslie. "We meet with the women once a month until they are in their seventh month of

pregnancy. After that, we meet every two weeks, and more often as the birth gets closer."

A Winnipeg mother of three, Althea chose to have Leslie help her with her fourth pregnancy.

"My doctor referred me to the midwifery program," she says. "I wanted a different experience than I had with my hospital births."

Althea says it was great to have the same person with her through all of the stages of her pregnancy and birth. Leslie was more accessible than her former doctor and was able to answer Althea's phone calls about any fear or problem she might have had with her pregnancy. "Leslie explained everything to me along the way," says Althea. "It was nice to have someone who cared about me helping me at every stage."

Midwives have a good working relationship with doctors and nurses, so they can make referrals if they are needed. Midwives can also send women to hospitals, on the rare times it is necessary.

Leslie says women who choose hospital births have found it helpful to have a midwife's care.

The midwife knows the mother well and can work with hospital staff to make sure the mother, as much as possible, has the kind of labour and birth she wants.

Others, like Althea, choose a traditional home birth.

With Leslie's guidance, Althea gave birth to a healthy baby girl in the comfort of her own home. The birth was a true family experience: the baby was born very early in the morning and Althea's partner and sons woke up in time to meet their new daughter and baby sister.

Soon after, Althea and her baby enjoyed a warm bath together while Leslie cleaned up the birthing area. Althea was able to recover from the birth at home, which she says she liked better than being in a hospital setting.

More than a birthing coach, Leslie has become a friend of the family and she especially enjoys that part of her work.

"I love my job. It's the best one in the world," says Leslie. "The relationships I have formed with clients are more like friendships."

"I wanted a different experience than I had with my hospital births."

II. Improving Parenting and Family Supports

Manitoba's total 2002/03 investment: $19.1 million (increased by $9.5 million since April 2000)

Parents and families: They are the most important people in a child's life. They are children's first teachers and role models.

Research shows that when parents and other caring adults are with young children, the things they do naturally—playing, cuddling, talking, singing, reading, laughing and a hundred other ways of responding to the child—are exactly what children need to grow and develop.

Children's Special Services

Available to children with developmental and/or physical disabilities in Manitoba, community-based family services support children with disabilities and their integration into all aspects of community life. Services include respite, therapy, equipment, supplies, home modification and transportation. In 2000/01, 3,353 families received these services and in 2001/02, 3,536 families were supported.

Launched: April 1985
New investments since April 2000: $3.1 million
Total 2002/03 budget: $12.8 million

National Child Benefit Supplement (NCBS) Restored to Families

This benefit is available to low-income families with children as part of the National Child Benefit Program (NCB). Manitoba began allowing families on Employment and Income Assistance (EIA) to receive the full NCB benefit, a sum that was formerly deducted from EIA payments.

As of July 2001, the full amount of the NCBS was restored for children up to six years old. As of January 2003, the full NCBS will be restored for children between seven and eleven years old. In both 2000/01 and 2001/02, nearly 11,000 families received the benefit.

Launched: July 2000
New investments since April 2000: $6.3 million
Total 2002/03 budget: $6.3 million

For more information, please visit the NCB Web site: http://www.nationalchildbenefit.ca

Laura's Story

Educating colleagues, parents and professionals about honour, care and dignity for all.

Laura had been looking forward to the arrival of the baby that she had been carrying for the past nine months. When Karen finally arrived, Laura was immediately and totally aware of the exquisite little girl that she had just given birth to. It was like their souls were intrinsically linked. Karen was so tiny. Every toe and every finger was so little and so beautiful. Laura's life experiences had not yet taught her that most mothers feel similarly connected to their babies.

It did not take Laura long to realize that Karen, beautiful as she was, was not exactly like her friends' babies. Not that she wanted her daughter to be just like every other child, but there were some concerning differences. Karen was not keeping up with the milestones that were indicated in all the child development books that Laura had been reading. Karen's muscles seemed to be acting differently than Laura thought they should. Laura watched her daughter. No matter how much love she bathed her child in, she knew in her heart of hearts that Karen would probably need more help in her life than other children might.

Just to be sure or to squelch her fears, Laura took Karen to a pediatrician for an assessment. Laura wanted information. She also knew that what she would hear from the doctor that day, could change her life forever. She had to dig deep into her inner well of strength to find the courage to take her darling child, the child that she loved with her whole being, to that doctor appointment. It took even more patience than courage to listen to what the pediatrician ultimately said, and to what the pediatrician did not say.

The moment that Laura heard Karen's diagnosis from the doctor's lips, was the moment Laura's journey began. On that day, Laura learned about the clinical chill of a diagnosis. She heard the doctor say the words that described Karen as a diagnosis. How could that be? No matter what Karen's condition, Karen was still Karen—the beautiful baby she had given birth too. The diagnosis was not going to be Karen, it might be one word that described Karen along with all the other words like passionate, curious, loving, and mischievous. Didn't the doctor understand that he was talking about the love of her life, the infant she had given birth to and loved since the moment she was conceived?

That very day Laura learned about the paternal attitude of some professionals who are of the opinion that parents are unable to cope with information about their children's different abilities. Did they not understand that parents take their children for assessments because they are worried about their children? Did they not know that parents have been hoping against hope that the doctors will say "Your child is just fine."? Did they not know that the parents want to hear

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"Your child will be running, giggling and whispering with her little friends within six months. You're just an overly protective Mom."? Laura knew she would not hear those words. Her friend, who had gone through the ordeal of the clinic visit with her own child, also knew. All they wanted now, was honest answers and helpful information. Although her head was reeling from hearing the doctor's words, Laura wanted to know where she could go to for help, whom she could talk to, and where she could satiate her ravenous appetite for information.

That was not what Laura got when she asked for help and information. She saw professional after professional in the years that followed. Each one giving her a little piece of information, but it was Laura who had to put all the pieces together.

Her earliest encounters with professionals taught her that when parents have children with disabilities, they do not have parental responsibility. Professionals offer to place children with disabilities in institutions and take the responsibility of raising the child from the parents. This offer spoke volumes to Laura. Laura knew the professionals were trying to be helpful, but she had never heard of such an offer being made to parents whose children had asthma or diabetes or a broken leg.

Laura neither believed them, nor accepted their direction for her daughter. She was Karen's mother and she was the best and the only person who would raise Karen.

Laura advocated for Karen. Laura advocated for parents with children with disabilities, and Laura advocated for children who needed additional supports. She advocated to the government departments—department by department, to non government organizations, to churches, and more. All that Laura asked for, was that parents and their children who needed additional help to support their life choices, be treated with dignity, with respect and with equity.

Karen is now a young woman. Her mother Laura is still advocating and assisting parents and individuals who need additional supports.

At the non government organization where she works, Laura provides information to families, as she wishes someone would have given her information. She is the woman new parents and not so new parents can talk to. She can answer the questions that parents ask:

"Will my child speak?"
"Will my child have friends?"
"Will I be a grandmother?"
"Will my child get a job?"

Laura can listen to and talk with these families. She is on their journey, only a little farther down the path.

When asked what advice she would give young families, she replies:

"Network—make contacts;
There is strength in numbers;
Lobby together;
Parents need each other for support;
Don't feel guilty when you can't do it all yourself;
Above all—value the children."

Laura urges parents to be role models. It is the parents who need to tell the world how valued their children are and how valued they as parents, are. There is no second best.

What Laura does not say, is how her own inner strength plays a paramount role in her advocacy and in her role modeling. She does not talk of her quiet unassuming power that has garnered the respect of advocacy groups and professionals alike.

Laura is a woman who educates colleagues, parents and professionals about honouring, caring and dignity for all.

Interview with Laura
APRIL 4, 2002

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III. Strengthening Early Childhood Development

Learning and Care

Manitoba's total 2002/03 investment: $69.1 million (increased by $17.0 million since April 2000)

Preparing for school and society—the care and learning opportunities our children receive in their earliest years matter a great deal.

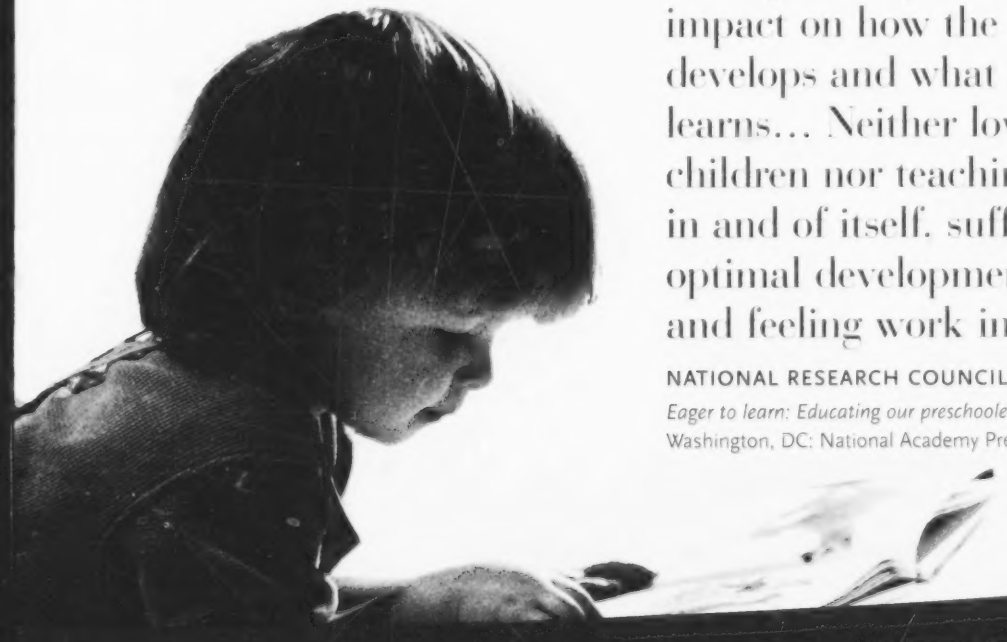
Preschool experiences are as important to lifelong learning as elementary school, high school, college or university.

From age six months to age five years, a child will spend over 10,000 hours in child care, compared to nearly 14,000 hours in school from Grades 1 through 12.

Most importantly, research shows that early care and early education must be viewed as one and the same:

"There can be no question that the environment in which a child grows up has a powerful impact on how the child develops and what the child learns... Neither loving children nor teaching them is, in and of itself, sufficient for optimal development: thinking and feeling work in tandem."

NATIONAL RESEARCH COUNCIL. (2001). *Eager to learn: Educating our preschoolers* (pp. 1–2). Washington, DC: National Academy Press.



Child Day Care Program

The Child Day Care program sets licensing standards for child care centres and family child care homes and monitors the facilities. Child care subsidies are available to eligible families to help pay child care fees.

Manitoba's **Five-Year Plan for Child Care**, launched in April 2002, outlined the province's vision for enhanced day care. In the 2002/03 provincial budget, the province invested $2.35 million to begin meeting the goals to be reached by March 2007.

Since April 2000, child care funding has increased 32 per cent across the province. In 2000/01, there were 23,022 spaces across Manitoba. In 2001/02, there were 24,009 spaces.

Launched: September 1974
New investments since April 2000: $16.1 million
Total 2002/03 budget: $67.1 million

Early Childhood Development Initiative (ECDI)

The ECDI helps school divisions and districts provide services for preschoolers up to five years old. These services focus on helping young children get ready for school. Human and financial resources are available to improve children's readiness to learn as well as to improve schools' partnerships with parents, communities and relevant support agencies. All of Manitoba's school divisions are participating in this initiative of Manitoba Education and Youth.

Launched: April 2001
New investments since April 2000: $500,000
Total 2002/03 budget: $500,000

Following is an example of how one school division made good use of the Early Childhood Development Initiative.

In 2001/02, the St. Boniface School Division initiated a program to focus on family literacy, using among other tools, home visits to families to encourage and support reading for the parents as well as their preschool children. The approach included Bookmates, a program to help families improve their literacy by supporting parents in reading with their children. It also included Story Sacks, a program that gives preschool children book bags with a book and a reading assignment to take home so their parents can help them with their reading. The division followed up with a well-attended event to review the benefits of the initiative. Teachers, parents, Grade seven and eight students who helped the preschoolers with the Story Sacks, and other community members attended the event and confirmed that the program was a great asset in promoting family literacy for preschoolers and their parents.

Early Start Program

The program is available in selected areas for families with preschool children, who need support to ensure healthy early childhood development. A three-year home visiting service provides parenting and literacy programs for these families and supports children's early physical, mental and emotional development. In 2000/01, 184 families with 363 children were in the program. In 2001/02, 235 families with 500 children participated. Expanded funding in 2002/03 will be used to pilot an integrated home visiting model from pregnancy to school entry.

Launched: April 1998
New investments since April 2000: $413,000
Total 2002/03 budget: $1.5 million

Early Start Program:

Lending Parents a Helping Hand

It's been said that parenting is the toughest job you'll ever love and it can be especially challenging for parents of children with special needs.

Lori is a Winnipeg mother of two young children. Her eight-year-old son was diagnosed at an early age with attention deficit disorder (ADD) and a learning disability. This made it difficult to parent him, a job made harder because Lori also has a young daughter to care for.

When she first began attending the local Early Childhood Centre, Lori was a stay-at-home mom and her husband was having a hard time finding steady work. The family lived on and off Employment and Income Assistance and dreamed of one day having a home of their own. They needed some help and they found it through Manitoba's Early Start program.

Early Start is a community program that supports parents of preschool children through visits of specially trained home visitors, information about resources available in the neighbourhood and group programs where people can learn about parenting, nutrition and preparing children for success in school.

Lori heard about the program through the Centre and especially liked the idea of having a regular home visitor who would give information and support to help her with the children.

Early Start Program

The program is available in selected areas for families with preschool children, who need support to ensure healthy early childhood development. A three-year home visiting service provides parenting and literacy programs for these families and supports children's early physical, mental and emotional development. In 2000/01, 184 families with 363 children were in the program. In 2001/02, 235 families with 500 children participated. Expanded funding in 2002/03 will be used to pilot an integrated home visiting model from pregnancy to school entry.

Launched: April 1998
New investments since April 2000: $413,000
Total 2002/03 budget: $1.5 million

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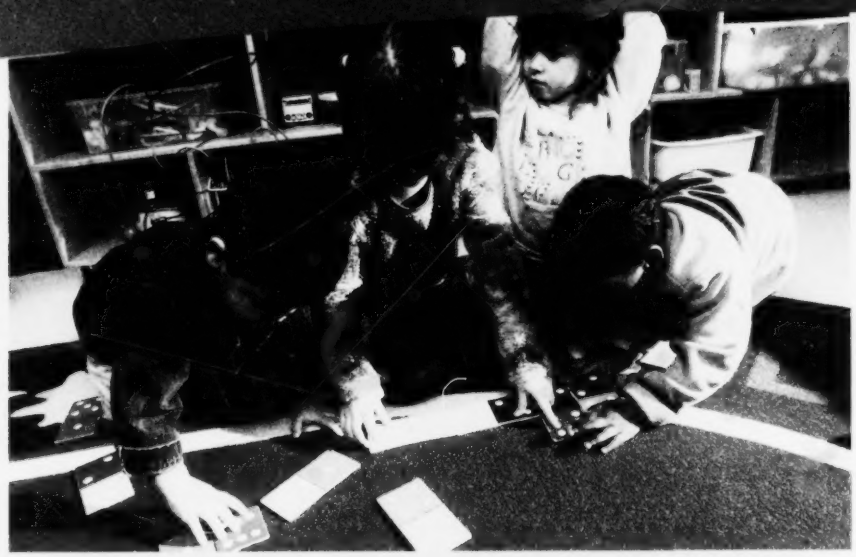

"Parenting is hard and it can be very lonely at times," says Maureen, an Early Start home visitor and former single parent. "I like working with families and my main goal is to help parents feel good about themselves because it affects how they take care of their children."

Maureen says some parents just need someone to remind them that they are good people. When parents feel better about themselves, they are better able to take care of themselves and their families. When there are other challenges, the extra help is usually welcome.

"When I first came to the program, things were terrible for us," says Lori. "We had lots of money pressures, my son was in speech therapy and my daughter was feeling left out because of all the attention given to her brother and his special needs."

Maureen became Lori's home visitor and the two became good friends during the weekly visits. The home visits usually lasted about an hour, but Maureen often treated the family to short trips, such as a visit to the Manitoba Children's Museum and the Assiniboine Park Conservatory.

"When you have a child with learning disabilities and another child, it can sometimes feel like too much to handle," says Lori. "Having that extra person to help us out really meant a lot to all of us."

Lori says the program was helpful to her in giving her the opportunity to talk to another adult during the day, one who could offer suggestions about the best way to take care of the children and their home. Lori is also quick to mention that the learning games Maureen taught them during her weekly visits really helped her son do better in Kindergarten and Grade One than he would have without the program's help.

"Maureen, and her supervisor Bonnie, have helped me feel better about myself," says Lori, who took part in the program for nearly three years, before her children started school. "Just from watching what they do, I've decided to work toward a job in child care."

Lori is now a part-time child care assistant at a local child care centre where she says she enjoys the children and the excitement they show when she arrives, much like her own children showed Maureen and Bonnie.

Lori's income and her husband's success in finding a full-time job helped the family recently buy their first home.

"I couldn't be happier with the way the program helped us," says Lori. "It's the best thing that ever happened to me and my family."

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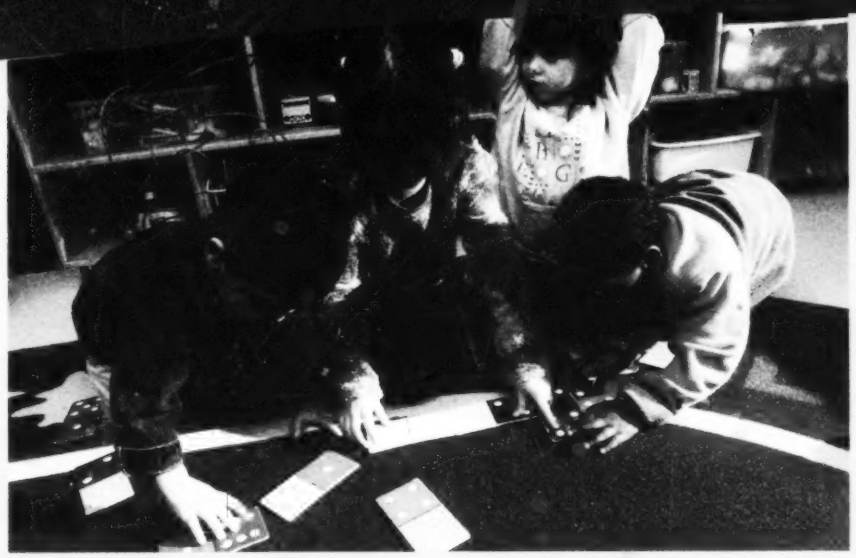

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IV. Strengthening COMMUNITY SUPPORTS

Manitoba's total 2002/03 investment: $2.7 million (increased by $2.7 million since April 2000)

Learning and working together for children: what would happen if everyone in your community joined together to learn and work to make children's lives better?

Research shows that community development can improve children's lives for the better.

Parent-Child Centred Approach

This community development approach brings parents, community organizations, school divisions and health professionals together to support parenting, improve children's nutrition and literacy, and build community capacity for helping families within their communities. Each Parent-Child Coalition plans what community activities are needed, based on local needs. Examples of services offered across the province include home visiting, book and toy lending, parenting programs and family resource centres.

A new partnership with Manitoba Community Connections will link Parent-Child Coalitions through a province-wide network of Web sites for community knowledge exchange. This resource provides computers, high-speed internet access, on-line bulletin bounds, e-mail, and other information technology for all regional Coalitions.

At a provincial forum on ECD in March 2002, delegates recommended that a vehicle be created for Parent-Child Coalitions to engage one another in an ongoing dialogue. In October 2002, representatives from Coalitions from across Manitoba met at the inaugural meeting of the new Council of Coalitions, sharing ideas and exploring new ways to coordinate services for children and families.

Launched: March 2001
New investments since April 2000: $2.6 million
Total 2002/03 budget: $2.6 million

"The beauty of the Parent-Child Centred Approach is that we are beginning not only to build capacity in our young families but we are strengthening the relationships between the various sectors and our community members."

MS. KAREN BOTTING
St. Boniface Parent-Child Coalition

Parent-child Centred Coalitions

Provincial funding helped create 26 Parent-Child Centred Coalitions across the province.

The coalitions are made up of organizations that band together and pool resources to support parent and child activities. Examples include:

In Brandon, the Elspeth Reid Family Resource Centre offers parenting courses, parent outreach, preschool drop-in activities and early reading programs in a welcoming environment.

Francophone communities are benefiting from a coalition initiative in southern Manitoba that circulates bins of francophone resources, books and toys to families throughout the region.

Altona's Family Resource Centre houses BabyFirst and Healthy Baby programs for the region and offers opportunities for parents and their children to play and learn together.

In Winnipeg, 12 coalitions are developing programs such as school-based parent centres, wellness fairs and reading programs for various age groups.

The positive response and growing attendance these coalition efforts draw from local families indicates how much Manitoba parents desire and will use parent-child programs.

"Parent-Child is a valuable resource to parents and children. Coalitions strive to respectfully provide much-needed supports to parents in their efforts to nurture children in the critical early years of development."

MR STRINI REDDY
Chair, Provincial ECD Committee

Early Childhood Health Promotion—Injury Reduction Campaign

The goal is to reduce intentional and unintentional injuries to children. This is a component of Manitoba's province-wide **Injury Reduction Campaign**. Manitoba Health funded research on injury prevention in 2001, which led to the Injury Prevention Conference in May 2002.

Launched: April 2000
New investments since April 2000: $150,000
Total 2002/03 budget: $150,000

Other 2002/03 investments in ECD: $1.3 million (increased by $1.0 million since April 2000).

These include financial assistance to community organizations for ECD, ECD research and evaluation, and ECD information sharing.

Quotes from interviews with parents who participated in Manitoba's ECD programs.

"As mentors, we really see who these women are—beautiful, bright, creative people with lots of issues in their lives."

"The program works because the mentors care about people and by taking the time to understand these women, they are helping them make positive changes in their lives."

LISA
Stop FAS Program mentor

"I wanted a different experience than I had with my hospital births... It was nice to have someone who cared about me helping me at every stage."

ALTHEA
participant in Early Childhood Health Promotion—Midwifery Program

"I love my job. It's the best one in the world. The relationships I have formed with clients are more like friendships."

LESLIE
participant in Early Childhood Health Promotion—Midwifery Program

"Rosa (BabyFirst home visitor) often comes to our home with binders of ideas about games to play with my children and ideas for good meals that don't have to cost a lot of money... Rosa is like a friend of the family now. I'm glad I got involved in the program."

HEATHER
participant in BabyFirst Program

"When you have a child with learning disabilities and another child, it can sometimes feel like too much to handle. Having that extra person to help us out really meant a lot to all of us."

"I couldn't be happier about the way the program helped us. It's the best thing that ever happened to me and my family."

LORI
participant in Early Start Program

"Parenting is hard and it can be lonely at times. I like working with families and my main goal is to help parents feel good about themselves because it affects how they take care of their children."

MAUREEN
Early Start Program home visitor

5. BUILDING FOR THE FUTURE:

The Future of Manitoba

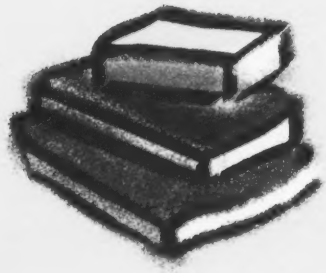
Today's society is changing faster than at any other time in human history. No one can predict what the world will be like a generation from now. To be ready, Manitoba needs children who are:

- lifelong learners; and
- flexible, adaptable and resilient.

The future health, well-being and prosperity of Manitoba will be a direct result of our investments in Early Childhood Development today.

This is not a challenge to parents alone. It is a challenge to all of us who care about our children today and the Manitoba of tomorrow.

What if we could change the future? Together, we can.



Recommended READING

The Scientist in the Crib: Minds, Brains, and How Children Learn

ALISON GOPNIK, ANDREW N. MELTZOFF, & PATRICIA K. KUHL. (1999).
New York: William Morrow & Company, Inc.

From Neurons to Neighborhoods: The Science of Early Childhood Development

NATIONAL RESEARCH COUNCIL & INSTITUTE OF MEDICINE. (2000).
Washington, DC: National Academy Press.

Eager to Learn: Educating Our Preschoolers

NATIONAL RESEARCH COUNCIL. (2001).
Washington, DC: National Academy Press.

Vulnerable Children: Findings from Canada's National Longitudinal Survey of Children and Youth

J. DOUGLAS WILLMS (EDITOR). (2002).
Edmonton, AB: University of Alberta Press and Human Resources Development Canada — Applied Research Branch.

Recommended ECD WEB SITES

Centre of Excellence for Early Childhood Development (CEECD)
http://www.excellence-earlychildhood.ca/

Canadian Language and Literacy Research Network (CLLRnet)
http://www.cllrnet.ca/

Childcare Resource and Research Unit (CRRU)
http://www.childcarecanada.org

National Child Benefit (NCB)
http://www.nationalchildbenefit.ca/

National Longitudinal Survey of Children and Youth (NLSCY) and Understanding the Early Years (UEY)
http://www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/nlscy-elnej/child-youth.shtml

Social Union Framework Agreement (SUFA)/ Early Childhood Development (ECD)
http://www.socialunion.gc.ca

WebForum 2001: Millennium Dialogue on Early Childhood Development
http://www.webforum2001.net, and
http://www.child.ca

For more detailed statistical information, please see the *Supplement to Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The Supplement is available for download on the Healthy Child Web site or from Healthy Child Manitoba.

The Government of Manitoba welcomes your comments and questions about this report, and we encourage you to write, phone or e-mail us at Healthy Child Manitoba.

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